

**COMBINED DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES
PATENT APPLICATION**

As a below named inventors, we hereby declare that:

Our residences, post office addresses and citizenship are the same as stated below next to our names.

We believe we are original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods and Compositions for Reducing or Eliminating Post-surgical Adhesion Formation

the specification of which (check one)

☐ is attached hereto.

☒ was filed on July 11, 1997 as Application Serial No. 08/890,802

and was amended on _____ (if applicable).

☐ was filed as PCT International application No. _____ on _____

and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information known to me to be material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Number	Country	Filing Date (d/m/y)	Priority Claimed	
- NONE-			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

We hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulation, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application Serial No.</u>	<u>Filing Date (d/m/y)</u>	<u>Status (Patented, Pending, Abandoned)</u>
<u>8/678,762</u>	<u>11 July 1996</u>	<u>Pending</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

We hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Henry D. Coleman, Reg. No. 32,559 and R. Neil Sudol, Reg. No. 31,669;

both of
Coleman Sudol, LLP
270 Madison Avenue, Ste. 1301
New York, New York 10016

Address all telephone calls to: Henry D. Coleman at Telephone No. (212) 679-0090
Address all correspondence to: Henry D. Coleman at
Coleman Sudol, LLP
270 Madison Avenue
New York, NY 10016
U.S.A.

We hereby declare that all statements made herein of our own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

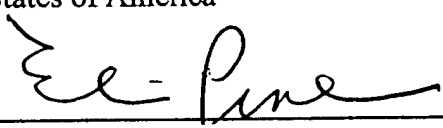
Full name of first inventor: . Daniel Cohn
Residence: Hechalutz Street 45/7, Jerusalem 96222, Israel
Post Office Address: Same as above
Country of Citizenship: Israel

Date

Inventor's Signature

Full name of second inventor: . . . Eli Pines
Residence: 100 Deer Run Road, Watchung, New Jersey
Post Office Address: Same as above
Country of Citizenship: United States of America

1/19/98
Date


Inventor's Signature

Full name of third inventor: . . . Anna Hotovely
Residence: 15/5 Mazkeret Batia Street, Ashdod, Israel
Post Office Address: Same as above
Country of Citizenship: Israel

Date

Inventor's Signature

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We hereby declare that all statements made herein of our own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


Full name of first inventor: . Daniel Cohn
Residence: Hechalutz Street 4/4, Jerusalem, Israel
Post Office Address: Same as above
Country of Citizenship: Israel

19/2/1998 
Date Inventor's Signature

Full name of second inventor: . . . Eli Pines
Residence: 100 Deer Run Road, Watchung, New Jersey
Post Office Address: Same as above
Country of Citizenship: United States of America

Date Inventor's Signature

Full name of third inventor: . . . Anna Hotovely
Residence: 15/5 Mazkeret Batia Street, Ashdod, Israel
Post Office Address: Same as above
Country of Citizenship: Israel

22/2/98 
Date Inventor's Signature

Applicant : Life Medical Sciences, Inc.
Serial : 08/890,802
Filed : July 11, 1997
For : Methods and Compositions for Reducing or Eliminating Post-Surgical Adhesion Formation
Docket No. : M19-058

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Life Medical Sciences, Inc.
ADDRESS OF CONCERN 379 Thornall Street, Edison, New Jersey, 08837, United States of America

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: Methods and Compositions for Reducing or Eliminating Post-Surgical Adhesion Formation described in

- ☐ the specification filed herewith.
☒ application serial no. 08/890,802, filed July 11, 1997.
☐ patent no. _____, issued _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

COLEMAN SUDOL, LLP
270 Madison Avenue, Ste. 1301
New York, New York 10016
(212) 679-0090

Cont'd.

Verified Statement (Declaration) Claiming Small Entity Status
(37 CFR 1.9(f) and 1.27(c)) - Small Business Concern

Page 2

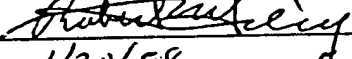
Applicant : Life Medical Sciences, Inc.
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NAME OF CONCERN Life Medical Sciences, Inc.
ADDRESS OF CONCERN 379 Thornall Street, Edison, New Jersey, 08837, United States of America

I acknowledge the duty to file in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patents issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Robert P. Hickey
TITLE OF PERSON OTHER THAN OWNER President and Chief Executive Officer
ADDRESS OF PERSON SIGNING 92 Gooseneck Point Road
Oceanport, N. J. 07757

SIGNATURE 
DATE 1/20/98

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